

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-878)

SERIAL NO.
10/009685

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		/		/		/
4		/		/		/
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49		/		/		/
50		/		/		/
TOTAL IND.	3	0	3	0	4	0
TOTAL DEP.	17	0	13	0	14	0
TOTAL CLAIMS	20	0	16	0	18	0

	1		2		3	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	0	0	0	0	0	0
TOTAL DEP.	0	0	0	0	0	0
TOTAL CLAIMS	0	0	0	0	0	0

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS